

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>00471</i>	<i>3/3/00</i>
O.I.P.E. CLASSIFIER		<i>70019</i>	<i>1/18/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>1</i>		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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